

# Missouri Department of Health and Senior Services

## ADVANCED ONSITE WASTEWATER TREATMENT SYSTEM (OWTS)

### REGISTERED INSTALLER TRAINING COURSE APPLICATION

*Mail course application and fee to the address listed below.*

**Your registration fee of \$135.00 must be received with this completed registration form.** We will accept business or personal checks, or money orders for payment. We cannot accept credit cards or purchase orders. **Make check or money order payable to the Missouri Department of Health & Senior Services** and mail to:

**Missouri Department of Health and Senior Services**  
**Attention: Fee Receipts**  
**P.O. Box 570**  
**Jefferson City, MO 65102-0570**  
**Fax 573-526-7377**

**Please Print** If you have questions, please contact the Onsite Sewage Program at (573) 751-6095.

Subject to availability and expected attendance, courses are offered at either:

**Columbia, Missouri**

**35 openings**

**Jefferson City, Missouri**

**50 openings**

For more information, scheduled course dates and locations: <http://www.dhss.mo.gov/Onsite/Calendar.html>

Mark Choice(s) 1 <sup>st</sup> , 2 <sup>nd</sup> , etc.	Course Date	Course Location
	Next Available	
Time: First Day 9:00 a.m. to 5:00 p.m.; Second Day 8:00 a.m. to 4:00 p.m.		Course Fee: \$135.00
<b>Prerequisite for Advanced Registration: Successful completion of the Basic OWTS Installer Course</b> <input type="checkbox"/> Previously completed Basic Course – Enter Installer ID # below. Or <input type="checkbox"/> also applying for Basic Course on date: Not seeking advanced installer registration: <input type="checkbox"/> Engineer; <input type="checkbox"/> Other:		
Name – First	MI	Last
		Registered Installer ID #
Business Name		Home County
Business Address (as shown on list)		State
		Zip Code
Mailing Address		E-mail Address
Business Telephone Number	Contact Telephone Number (if different from business number)	FAX Number
Signature		Date

\*NOTE – There may be additional requirements in order to work in some counties. Check with the county administrative authority.

**FOR DHSS USE ONLY**

**Fee Receipts Transmittal #:**

**Date Paid:**

**Accepted?** ☐

**Test Score**

**ID#**